

Business License Application



City of Dunwoody
41 Perimeter Center East 250
Dunwoody, GA 30346
Phone: (678) 382-6700
Fax: (770) 396-4705

Business Information	() New () Renewal		
	Business Name:		DBA Name:
	Dominant Business Activity:		NAICS Code:
	Address/Location:		Telephone Number:
	Bill To/Mailing Address:		
	City:	State:	Zip:
	Ownership Type: () Association () Corporation () Partnership () Single Owner () LLC		
	Applicant's Name:		Owner/Agent's Name:
	Owner/Agent's Address:		
	City:	State/Zip:	Email:
Contact Information	***Applicant must provide copies of driver's license or other governmental issued photographic Identification with application.		
	Will this be based out of your home? (yes/no) ***If "yes" you must attach a "Home Based Supplemental Form" to this application.		
	Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Dunwoody City Code or does (will) it offer any form of adult entertainment? (yes/no)		
	Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? (yes/no) ***If yes, attach written explanation.		
	Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.		
	2008 Actual Dunwoody and Georgia Gross Receipts \$ _____ - \$20,000 X _____ \$ _____ (if not in business for all of 2008, use projected 2009 revenues)		
	Employee Fee (at least one, includes owner/operator) # _____ X _____ \$ _____ Flat Fee of \$50.00. (except for professionals paying optional \$400) <u>\$50.00</u> Administrative Fee (no refund or transfer) <u>\$75.00</u> Total Amount Due or Professional Option. (\$400 per practitioner only if allowed by O.C.G.A.) \$ _____		

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public Signature _____

OFFICE USE ONLY: Class ____ Type _____ H.O.P. _____ District _____ Lot _____ Block _____ Parcel _____
Zoning: Approved by _____ Denied by _____ Date _____ Denial Reason _____
Pending Items: C.O. ____ Fire ____ Health ____ Sanitation Service ____ State License ____ Insurance ____ Police ____ Other ____
Business License Items: Primary ID# _____ Owner's ID# _____ Bill to ID# _____